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CONFIRMATION NO. 7946

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|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/805,033 | FILING OR 371(c)<br>DATE<br>03/19/2004<br>RULE | CLASS<br>601 | GROUP ART UNIT<br>3772 | ATTORNEY<br>DOCKET NO.<br>033964-1120 |
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\*\* CONTINUING DATA \*\*\*\*\*  
*None M.B.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None M.B.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/02/2004

|                                 |   |                           |                        |                       |                            |
|---------------------------------|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>NH | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>18 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>allowance |                           |                        |                       |                            |
| Verified and<br>Acknowledged    | <i>M.B.</i>   | Examiner's Signature      | Initials               |                       |                            |

## ADDRESS

54945

## TITLE

Method and apparatus for providing hot and cold massage

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>950 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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